



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

21269 7590 01/28/2004

~~PEPPER HAMILTON LLP~~
~~ONE MELLON CENTER, 50TH FLOOR~~
~~500 GRANT STREET~~
~~PITTSBURGH, PA 15219~~

KATTEN MUCHIN ZAVIS ROSENMAN
525 west MONROE STREET, SUITE 1600
CHICAGO, ILLINOIS 60661-3693

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/869,394	02/25/2002	Holger Bengs	114750.2300	4123

TITLE OF INVENTION: SUN PROTECTION PRODUCT WITH MICROPARTICLES ON THE BASIS OF WATER-INSOLUBLE LINEAR POLYGLUCAN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	04/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DODSON, SHELLEY A	1616	424-059000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Gilberto M. Villacorta, Ph.D.
1 _____
Serge Sira, Ph.D.
2 _____
Katten Muchin Zavis Rosenman
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Celanese Ventures GMBH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FEDERAL REPUBLIC OF GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 5

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1710 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
Serge Sira, Reg. No. 39,445 for Gilberto M. Villacorta, Ph.D., Reg. No. 34,038

(Authorized Signature)

(Date)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

03/29/2004 ZJUHA2 00000073 09869394

01 FC:1501
02 FC:80011330.00 OP
15.00 OP

TRANSMIT THIS FORM WITH FEE(S)



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0032

PTO/SB/17 (10-02)

FEE TRANSMITTAL for FY 2004 (modified) <i>Patent fees are subject to annual revision.</i>		Complete if Known		
		Application Number	09/869,394	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 28, 2001	
		First Named Inventor	Holger BENGES	
TOTAL AMOUNT OF PAYMENT (\$)		Examiner Name	Shelly A. Dodson	
		Group Art Unit	1616	
TOTAL AMOUNT OF PAYMENT (\$)		1,345.00	Attorney Docket No.	330213.02300

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
Deposit Account			
Deposit Account Number		50-1710	
Deposit Account Name		KATTEN MUCHIN ZAVIS ROSNEMAN	
The Commissioner is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Credit any overpayments	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee (\$)
1001	740
1002	330
1003	510
1004	740
1005	160
SUBTOTAL (1) (\$)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	- 20* =
Independent Claims	- 3 =
Multiple Dependent	
SUBTOTAL (2) (\$)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Serge Sira	Registration No. (Attorney/Agent)	39,445
	for: Gilberto M. Villacorta, Ph.D.	Telephone	202.625.3621
	Registration No. 34-038		
Signature		Date	March 26, 2004